



Arizona Department of Water Resources
Water Management Support Section
P.O. Box 458 • Phoenix, Arizona 85001-0458
(602) 417-2470 • (800) 352-8488
www.water.az.gov

**Notice of Intent to
Drill, Deepen, or Modify a
Monitor / Piezometer / Environmental Well**

\$150 FEE

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ You must include with your Notice:
 - \$150 check or money order for the filing fee.
 - Well construction diagram, labeling all specifications listed in Section 6.
- ❖ Authority for fee: A.R.S. § 45-596.

AMA / INA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WQARF CERCLA

FILE NUMBER

WELL REGISTRATION
NUMBER
55 -

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Well Type	Proposed Action	Location of Well
CHECK ONE <input type="checkbox"/> Monitor <input type="checkbox"/> Piezometer <input type="checkbox"/> Vadose Zone <input type="checkbox"/> Air Sparging <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Drill New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Modify <i>If Deepening or Modifying:</i> WELL REGISTRATION NUMBER 55 -	WELL LOCATION ADDRESS (IF ANY) TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 1/4 1/4 1/4 COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL COUNTY WHERE WELL IS LOCATED

SECTION 2. OWNER INFORMATION

Well Owner	Landowner (if different from Well Owner)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS	MAILING ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER FAX	TELEPHONE NUMBER FAX

SECTION 3. DRILLING AUTHORIZATION

Drilling Firm	Consultant (if applicable)
NAME	CONSULTING FIRM
DWR LICENSE NUMBER ROC LICENSE CATEGORY	CONTACT PERSON NAME
TELEPHONE NUMBER FAX	TELEPHONE NUMBER FAX
	E-MAIL ADDRESS

SECTION 4.

Questions	Yes	No	Explanation:
1. Are all annular spaces between the casing(s) and the borehole for the placement of grout at least 2 inches?			2-inch annular spaces are special standards required for wells located in and near groundwater contamination sites (such as CERCLA, WQARF, DOD, LUST).
2. Is the screened or perforated interval of casing greater than 100 feet in length?			100-foot maximum screen intervals are a special standard for wells located in and near groundwater contamination sites (such as CERCLA, WQARF, DOD, LUST).
3. Are you requesting a variance to use thermoplastic casing in lieu of steel casing in the surface seal?			The wells must be constructed in a vault as defined in A.A.C. R12-15-801(27).
4. Is there another well name or identification number associated with this well?			IF YES, PLEASE STATE
5. Have construction plans been coordinated with the Arizona Department of Environmental Quality?			IF YES, PLEASE STATE AGENCY CONTACT & PHONE NUMBER
6. For monitor wells, is dedicated pump equipment to be installed?			IF YES, PLEASE STATE DESIGN PUMP CAPACITY Gallons per Minute
7. Will the well registration number be stamped on the vault cover or on the upper part of the casing?			IF NO, WHERE WILL THE REGISTRATION NUMBER BE PLACED?

SECTION 5. WELL CONSTRUCTION DETAILS

Drill Method	Method of Well Development	Grout Emplacement Method
CHECK ONE <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Block <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure Grout <input type="checkbox"/> Tremie <input type="checkbox"/> Other (please specify):
	Method of Sealing at Reduction Points	Surface or Conductor Casing
	CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Welded <input type="checkbox"/> Swedged <input type="checkbox"/> Packed <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Flush Mount in a vault <input type="checkbox"/> Extend 1' above grade

SECTION 6. PROPOSED WELL CONSTRUCTION PLAN (attach additional page if needed)

DATE CONSTRUCTION TO BEGIN

Attach a well construction diagram labeling all specifications below.

Borehole			Casing													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)					SLOT SIZE IF ANY (inches)	
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE

Annular Material												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (T)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				

IF THIS WELL HAS NESTED CASINGS, SPECIFY NUMBER OF CASING STRINGS	EXPECTED DEPTH TO WATER Feet Below Ground Surface
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I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.	
TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER DATE
TYPE OR PRINT NAME AND TITLE	SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS) DATE